



DIVISION OF DEVELOPMENTAL DISABILITIES  
**OGEYSIISKA TALAABO LA QAADAYO**  
**KALIYA ADEEGYADA DDD EE UU GOBOLKU MAALIGALIYO**  
PLANNED ACTION NOTICE  
DDD STATE-ONLY FUNDED SERVICES

MAGACA IYO ADREESKA MACMIILKA/CODSADAHA

MAGACA IYO ADREESKA WAKIILKA

Waxay DDD gaadhad go'aamadan soo socda ee ku saabsan adeegyadaada ama codsigaaga adeegyo.

**Go'aankani waxa uu hirgalayaa** \_\_\_\_\_

**SABABTA DIIDMADA, YAREYNTA, AMA JOOJINTA ADEEGGA**

Taxanaha ama liiskan hoose waxa uu taxayaa lambarada sababaha:

1. Adeeggani kuuma banaana.
2. Ma lihid baahi la qiimeeyay oo ku saabsan adeeggan.
3. Habka aad u codsatay uma heli kartid ama uma isticmaali kartid adeegga.
4. Uma haysatid baahi la qiimeyay qadarka adeegga ah ee aad codsatay ama aad hore u heli jirtay.
5. Wax maalgalin ah looma hayo adeeggan oo ah mid uu gobolku kaligii maalgaliyo.
6. Adeegga waxa laga heli karaa illo ama goobo adeeg oo kale.
7. Adiga ama wakiilkaaga ayaa codsaday go'aankan.

**GO'AAN**

ADEEGGA	GO'AAN	SABAB	QADAR
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	
ADEEGGA	GO'AAN	SABAB	QADAR
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	
ADEEGGA	GO'AAN	SABAB	QADAR
	<input type="checkbox"/> Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	<input type="checkbox"/> Diidmo	WAC 388-	
	<input type="checkbox"/> Joojin	Sabab #	

**GO'AAN (SII SOCOTA)**

ADEEGGA	GO'AAN	SABAB	QADAR
	□ Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	□ Diidmo □ Joojin	WAC 388-	
		Sabab #	
ADEEGGA	GO'AAN	SABAB	QADAR
	□ Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	□ Diidmo □ Joojin	WAC 388-	
		Sabab #	
ADEEGGA	GO'AAN	SABAB	QADAR
	□ Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	□ Diidmo □ Joojin	WAC 388-	
		Sabab #	
ADEEGGA	GO'AAN	SABAB	QADAR
	□ Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	□ Diidmo □ Joojin	WAC 388-	
		Sabab #	
ADEEGGA	GO'AAN	SABAB	QADAR
	□ Yareyn	WAC 388-	Ka:
		Sabab #	Ku:
	□ Diidmo □ Joojin	WAC 388-	
		Sabab #	

**FAALOOYIN DHEERAAD AH**

## XUQUUQDAADA RACFAANKA

Waxa aad haysataa sagaashan (90) maalmood laga bilaabo helista ogeysiiskan oo aad ku codsatid dhageysi maamul (administrative hearing) si aad racfaan ama ambiil uga qaadatid talaabadan.

- Haddii aad imminka qaadatid adeegga ay lacagliisu bixiso DDD oo aad doonaysid in adeeggu sii socdo inta lagu jiro racfaankaaga, waa inaad codsigaaga dhageysi maamul xereysatid ugu dambeyn \_\_\_\_\_
- Haddii aad dooratid inaad sii wadatid adeeggaa lacagliisa la bixiyo isla markaana uu go'aanka kama-dambeysta ahi uu taageero talaabada qayta, waxa aad masuul ka noqon doontaa inaad dib u bixisid ama soo gudid ilaa 60 maalmood oo ah adeegyada lacagtoodii lagaa bixiyay.
- Haddii aanad doonaynin in adeegyada lacagtooda lagaa bixiyo sii socdaan, la soo xidhiidh:

oo laga helo \_\_\_\_\_

MAAMULAH FAYLKA/ADEEGGA

LAMBAR TELEEFON

Waxa aad leedahay xuquuqdan soo socota:

1. In wakiil ama qareen aad yeelatid (waxa laga yaabaa inuu kuu banaan yahay gargaar sharci oo bilaash ah);
2. In aad codsatid koobiga faylkaaga iyo dhamaan warka ay dib u eegtay DDD si ay u gaadho go'aankeeda;
3. In aad dokumenti ku dartid marag-kaca;
4. In aad marag ka bixisid dhageysiga iyo in aad keentid markhaatiyo kuu marag fura;
5. In aad su'aalo weydiisid markhaatiyada maragga u furaya wasaaradda.

Waxa halkan la socda foomka lagu codsado dhageysi maamul (administrative hearing).

### SU'AALO

Haddii aad qabtid su'aalo ku saabsan go'aankan ama habka racfaanka, fadlan la xidhiidh:

MAGAC	LAMBAR TELEEFON	XAFIIS DEGMO
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**OGEYSIISKA TALAABO  
QORSHEYSAN  
KALIYA ADEEGYADA DDD EE  
UU GOBOLKU MAALGALIYO**  
marka la eego Qaybta 388-02 ee xeerarka  
dhageysiga ee DSHS.

FOR AGENCY USE ONLY	
<input type="checkbox"/> <b>Oral request taken by:</b>	
NAME	TELEPHONE NUMBER
INVOLVED DIVISION/ORGANIZATION	

**U SOO DIR:** OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489  
PO BOX 42489  
OLYMPIA WA 98504-2489

**FAAKIS:** 360-586-6463

Waxa aan codsanaya dhageysi sababta oo ah waxa aanan raali ka ahayn go'aanka soo socda ee ay gaadhad ee ay gaadhad Qaybta Naafada Maskaxda (Division of Developmental Disabilities) (DDD):

MAGACAAGA (FADLAN XURUUF KALA GO'AN)	TAARIKH DHALASHO	LAMBARKA SUGIDDA BULSHADA (SOCIAL SECURITY NUMBER)
ADREESKA QOKA CODSANAYA DHAGEYSIGA	LAMBARKA AQOONSIGA (ID) EE MACMIILKA	
MAGAALO	GOBOL	SUMMAD (ZIP)
		LAMBAR TELEEFON (KU DAR FURAHA AAGGA)
		<input type="checkbox"/> <b>TELEEFON FARIIN</b>

**Waxa go'aanka la i ogeysiyyat taariikhdu markii ay ahayd:** \_\_\_\_\_ waxana i ogeysiyyat: \_\_\_\_\_  
TAARIKH MAGACA IYO GOOBTA XAFIISKA DSHS

**Waxa aan doonaya gargaar sii socda, haddii uu ii banaan yahay:**  **Haa**  **May** Barnaamij: \_\_\_\_\_

Waxa wakiil iga ah (Haddii aad adigu isu hadli doontid, ha buuxin labada layn ama sadar ee soo socda):

MAGACA WAKIILKAAGA	HAY'AD	LAMBAR TELEEFON
ADREES	MAGAALO	GOBOL
		SUMMAD (ZIP)

**Waxa aan amrayaa in warka ku saabsan dhageysigaya la siiyo wakiilkayga.**

SAXEEXAAGA	TAARIKH
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Ma u baahan tahay turjubaan ama gargaar kale ama ku-talgal inta dhageysigu socdo?  **Haa**  **Maya**

Haddii ay tahay haa, waa maxay afku ama gargaarku? \_\_\_\_\_

Xaakinnada Sharciga Maamulku (Administrative Law Judges) (ALJ's) waxay dhageysiyyada qaarkood ku sameyn karaan teleefonka. Haddii aad doonaysid inaad u beddelatid dhageysi la is horimanayo, raac fariimaha ku yaala Ogeysiiska Dhageysiga ee uu kuu soo diri doono OAH.

Tixraaca WAC ee Ogyesiiska Talaabo Qorsheysan oo ku Saabsan Kaliya Adeegyada Gobolku Maalgaliyo

ADEEG	WAC	SABAB
<b>Dhamaan Ka-reebitaanka Xeerka</b>	388-440-0001(1)	Qodobada Ka-reebitaanka Xeerka
<b>Waxa uu qabanayaa dhamaan adeegyada uu gobolku kaligii maalgaliyo</b>	388-825-045	Go'aan ah in adeeggu lama-maarmaan yahay
	388-825-055	Helitaanka maalgalin iyo u-banaanaanta adeegga
<b>Child Out of Home Placement (Ilmaha oo Lagu Meeleeyo Goob ka Baxsan Guri)</b>	388-826-0010	U-banaanaanta VPP ee da'da ka hooseysa 18
	388-826-0015	U-banaanaanta VPP ee da'da ka hooseysa 18 – 25
	388-826-0035	Go'aan/Aqbalaad VPP
	388-826-0010	Joojin VPP
	388-826-0015	U-banaanaan in lagu sii jiro VPP da'da 18-21
<b>Adeegyada 'Chore'</b>	388-106-0610	U-banaanaanta 'Chore'
	388-106-0620	U-banaanaan kuu sii socota ka dib qiimeyeinta sannadka
<b>Barnaamijka sii-haynta ilmaha ee degmada (day program) iyo adeegyada shaqada ee dadka waaweyn</b>	388-106-0130	Go'aaminta saacadaha
<b>DDD Paid Adult Residential Services (Adeegyada Daganaanshaha Dadka Waaweyn ee ay Bixiso DDD)</b>		
Alternative Living (Noolaansho Qaab Kale)	388-825-381	Xad adeeg oo ah 40 saacadood
Supported Living and Group Home (Nolosha la Taageero iyo Guri Kooxeed)	388-101-1210	U-banaanaanta SL
<b>Family Support Services (Adeegyada Taageerada Qoyska)</b>	388-825-248	U-banaanaanta TFS oo ah cagsiga FSO taariikh ahaan
Traditional Family Support (Taageerada Qoys ee Dhaqanka ah)	388-825-252	U-banaanaanta TFS
	388-825-253	Xadka adeegyada ee TFS
	388-825-254	Qiimaha
	388-825-256	Heerar
Family Support Opportunities (Fursadaha Taageerada Qoyska)	388-825-205	U-banaanaanta FSO
	388-825-228	Qadarka FSO
	388-825-230	Adeegyada FSO
	388-825-242	Xadadka FSO

ADEEG	WAC	SABAB
<b>Family Support Pilot (FSP) (Taageerada Qoyska ee Tijaabada ah)</b>	388-825-510	U-banaanaan
	388-825-516	Ayaanuu u banaaneyn
	388-825-532 iyo 540	Shuruud ah cadeyn dakhli si uu kuugu banaanaado
	388-825-548	Qadarka deeqda
	388-825-544	U-banaantu ma ballanqaadayso deeq
	388-825-554	Kala-horeynta lagu kala saaro cidda helaysa deeqda FSP
	388-825-558 iyo 560	Adeegyada iyo xadadka FSP
	388-825-584	Qodobada Joojinta
<b>Kalkaalinta (Nursing)</b>		
Wakiilashada Kalkaalisada	246-840-930	Qodobada wakiilashada
	246-840-960	Ka-noqoshada wakiilashada
Adeegyada Kale ee Kalkaalinta	388-825-845 ama 055	Eeg barta kore ee ku saabsan adeegyada uu gobolku kaligii maalgaliyo
<b>Adeegyo Xirfadle</b>	388-825-045, 055	Eeg barta kore ee ku saabsan adeegyada uu gobolku kaligii maalgaliyo
<b>SSP</b>	388-827-0105	U-banaanaanta SSP
	388-827-0110	U-banaanaanta dhaqaale ee SSP
	388-827-0115	U-banaanaanta barnmaanij ee SSP
	388-827-0131	Joojinta SSP
	388-827-0145	Qadarka SSP

## **INSTRUCTIONS FOR STATE-ONLY FUNDED SERVICES PLANNED ACTION NOTICE**

### Notification Requirements

1. A Planned Action Notice with Appeal Rights and request for Hearing must be sent when a service(s) is reduced, denied, or terminated.
2. A request for a specific service can be oral or in writing. A denial of either request requires a Planned Action Notice.
3. All decisions are documented in the client's CARE Service Episode Record.
4. The Planned Action Notice must be sent within 5 working days of the decision date.
5. The Planned Action Notice is addressed to the client regardless of age and a copy sent to their representative per WAC 388-825-100. Use the following order to determine who represents the client:
  - A parent if the client is under the age of eighteen (18);
  - The guardian or other legal representative;
  - Other relative;
  - Other person identified by the client;
  - An advocacy agency.

### Completing the form

1. The effective date of a **denial** is the date of the decision.
  - Provide 90 days from the date of receipt for requesting an appeal.
2. The effective date, first page, is a minimum of ten (10) days and a maximum of ninety (90) from the date the Planned Action Notice is mailed to the client.
  - Mailing date is the date the form is completed or the next business day.
  - A service termination occurs the last day of the month
  - A service reduction occurs on the first day of the month
  - Services continue if an appeal is filed in a timely manner except for circumstances listed in WAC 388-825-150.
3. Services: Choose the service from the attached list of services and WAC references.
4. Decision: Identify the appropriate decision.
5. Reason:
  - Insert the WAC number(s) that give the legal authority for the decision.
  - Insert the corresponding number of the reason(s) listed on the Planned Action Notice for the decision.
6. Amount:
  - Amount and unit of service required for Reductions.
  - Example: Reduced "From" 100 hours per month "To" 80 hours per month.
7. The second page is optional. Use if there are more than two decisions.

8. Instructions for completing a **translated form**:

- Enter the information in English.
- Identify each service with a number if there is more than one.
- Write the number next to the corresponding reference line on the Services/WAC chart and highlight the WAC reference and reason.
- Send the highlighted WAC reference page(s) with the Planned Action Notice.

Appeal Rights

1. Insert a date in the first bulleted statement ONLY if this is a reduction or termination of an existing service.
2. To calculate the date in the first bulleted statement:

- The appeal date is 10 days from the mailing of the Planned Action Notice then extending to the end of the month of the 10th day.
- The appeal date must be prior to or the same as the effective date.
- The 10th day must be a work day.

Examples:

1. The notice is completed October 10th with anticipated mailing October 11th.
  - Ten (10) days counting October 11th is October 20th.
  - The last day of the month of the 10th day is October 31st.
2. The notice is completed October 20th with anticipated mailing October 23rd.
  - Ten (10) days counting October 23rd is November 1st.
  - The last day of the month of the 10th day is November 30th.
3. Case/Resource Manager name for terminating paid services during an appeal is the CRM responsible for authorizing the client's paid services.
4. The name at the bottom of the form will be determined by regional authority.